

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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|                              |   |                              |                              |                              |                             |
|------------------------------|---|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input type="checkbox"/> 16  | <input checked="" type="checkbox"/> 17a | <input type="checkbox"/> 17b | <input type="checkbox"/> 17c | <input type="checkbox"/> 17d | <input type="checkbox"/> 18 |
| <input type="checkbox"/> 19a | <input type="checkbox"/> 19b            | <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)  
**CARSON AMERICA**

**A. Full Name (Last, First, Middle Initial)**

**NEIL NORTON**

Mailing Address **6634 WINDOW ROCK LANE**

|          |       |            |
|----------|-------|------------|
| City     | State | Zip Code   |
| MORRISON | CO    | 80465-9641 |

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**COMFORT DENTAL, INC**

Occupation  
**DENTIST**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.930292**

Date of Receipt

**11 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

**B. Full Name (Last, First, Middle Initial)**

**MR. ROBERT P. NORTON**

Mailing Address **877 DOGWOOD DELL LANE**

|            |       |            |
|------------|-------|------------|
| City       | State | Zip Code   |
| MIDLOTHIAN | VA    | 23113-6389 |

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER BEST  
EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST  
EFFORTS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

**Transaction ID : SA17.1060750**

Date of Receipt

**12 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

**C. Full Name (Last, First, Middle Initial)**

**TED NORTON**

Mailing Address **8636 GLADES COURT**

|            |       |            |
|------------|-------|------------|
| City       | State | Zip Code   |
| MONTGOMERY | AL    | 36117-7552 |

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**KEYIMPACT SALES**

Occupation  
**CONSULTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.1054689**

Date of Receipt

**12 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

**Subtotal Of Receipts This Page (optional)**.....

**775.00**

**Total This Period (last page this line number only)**.....